DATE RECEIVED

FOR OFFICE USE ONLY

## Management Document Approval Request [B&P §11010.10]

**GENERAL INFORMATION** 

RE 610 (Rev. 5/01)

✓	This form may be used to apply for of management documents for a particular Section 11010.10. This Section permits ureview of homeowner association document and articles) prior to submittal of a Notice subdivision.	project pursuant to under certain criteria nts (CC&Rs, bylaws,	FILE NUMBER  AMOUNT REQUIRED  \$ AMOUNT RECEIVED			
✓	<b>Documents required</b> — Proposed site plan; narrative description of overall offering; Articles of Incorporation; bylaws; CC&Rs Regulation Check Sheet [RE 624 & 658 Filings] (RE 648). Only submit RE 648 if you do not have any Master Management document approval.		REFUND AMOUNT \$			
✓	<b>Application filing fee</b> — $$200$ [Business and Professions Code $§11011(c)$ ]					
✓	Narrative description — Attach an explanation of the overall development; such as available amenities, common areas, types of interests to be developed, or unusual aspects of the project.  ✓ Office locations 320 W. 4th Street, Suite 350, Los Angeles CA 90013-1105 P.O. Box 187005, Sacramento CA 95818-7005 (by mail) or 2201 Broadway, Sacramento (in person)					
1.	TYPE OF SUBDIVISION (CHECK ONE BOX)	_				
_	CONDOMINIUM PLANNED DEVELOPI	MENT MASTER PL	ANNED DEVELOPMENT (In	cluding mixed use)		
2.	APPLICANT INFORMATION  NAME					
	ATTENTION					
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	TELEPHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)			
3.	NAME					
	TENTION					
	TREET ADDRESS		CITY	STATE	ZIP CODE	
	TELEPHONE NUMBER (INCLUDE AREA CODE)	EPHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)		
4.	PROJECT INFORMATION					
	TRACT NUMBERS (IF KNOWN) PROPOSED NUMBER OF RES		SIDENTIAL LOTS/UNITS ESTIMATED OVER		COMPLETION DATE	
	ADVERTISING NAME					
	OCATION					

## **CERTIFICATION**

I hereby certify under penalty of perjury, that the statements contained in this form are, to the best of my/our knowledge, true and correct, and that I/we am/are owner(s) of the parcels herein described or intend to be the owner(s) at the time lots or parcels, improved or otherwise, are offered for sale or lease or that I/we am/are the agent's) authorized by such person(s) to complete this statement.

Note: • Verification made outside the State of California must be certified by a notary public.

• If an agent will be submitting documents to Department of Real Estate on behalf of the subdivider, the subdivider must provide written authorization to that effect.

SIGNATURE OF SUBDIVIDER		DATE
PRINTED NAME OF SUBDIVIDER	CAPACITY	
NAME OF CORPORATION, LLC, PARTNERSHIP, ETC.		
BUSINESS ADDRESS		
CITY	COUNTY	STATE
SIGNATURE OF SUBDIVIDER		DATE
PRINTED NAME OF SUBDIVIDER	CAPACITY	
NAME OF CORPORATION, LLC, PARTNERSHIP, ETC.		
BUSINESS ADDRESS		
CITY	COUNTY	STATE